



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E257478**

1 2 3 27
2
3
1 1 8 28
2
3

0 1 29

0 7 30

1 1 2 31

1 1 2 32

FROM TO
3 7 33

FROM TO
3 9 34

4 35

4 36

37

38

39

40

1 41

1 42

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE # **13-01745**

LOCAL AGENCY CODING **0664**

TOTAL # OF UNITS **02** OBJECT STRUCK

TRIBAL RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **07** - **18** - **2013** **1253** **31** N S E W IN OF ☒ **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

SR 204 BLOCK NO. ☒ **8600** MILE POST

DISTANCE **500** **00** MILES FEET ☒ N S E W OF (REFERENCE OR CROSS STREET) **LUNDEEN PARK WA7**

UNIT 01 MOTOR VEHICLE ☒ PEDAL CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4252444687**

LAST NAME **GIBSON** FIRST NAME **ANDREA** MIDDLE INITIAL **L**

STREET NEW ADDRESS **12515 BURN RD**

CITY **ARLINGTON** ST **WA** ZIP **982237173**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **GIBSOAL058M1** STATE **WA** SEX **F** D.O.B. **07** - **21** - **1995**

ON DUTY ☐ STATUS **AIRBAG 2** **RESTR 4** **EJECT 1** **HELMET USE** **INJURY CLASS 7** NATURE OF INJURIES **NOSE PAIN**

LICENSE PLATE # **B28100D** STATE **WA** VIN# **1FTZR15V0XPA78030**

TRAILER PLATE # STATE TRAILER PLATE # STATE

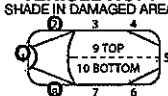
VEH. YEAR **1999** MAKE **FORD** MODEL **R15PU** STYLE **VEHICLE TOWED YES** **NO** ☒ TOWED BY **GOVT. VEHICLE YES** **NO** ☒

REGISTERED OWNER INFO. **LONNIE GIBSON 12515 BURN RD ARLINGTON WA 98223 D: 4252444687**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **STATE FARM 162 6768-E28-47**

VEHICLE LEGALLY STANDING ☐ YES ☐ NO ☐ CITATION # CHARGE

VEHICLE NO. 1 SHADE IN DAMAGED AREA



UNIT 02 MOTOR VEHICLE ☒ PEDAL CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4254227709**

LAST NAME **SANDERS** FIRST NAME **DOUGLAS** MIDDLE INITIAL **G**

STREET NEW ADDRESS **1605 OAKES AVENUE**

CITY **EVERETT** ST **WA** ZIP **98201**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **SANDEG463KT** STATE **WA** SEX **M** D.O.B. **05** - **30** - **1954**

ON DUTY ☐ STATUS **AIRBAG 2** **RESTR 4** **EJECT 1** **HELMET USE** **INJURY CLASS 7** NATURE OF INJURIES **NECK PAIN**

LICENSE PLATE # **B21641C** STATE **WA** VIN# **1FTZR15VXYPB11598**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2000** MAKE **FORD** MODEL **R10PU** STYLE **VEHICLE TOWED YES** **NO** ☒ TOWED BY **GOVT. VEHICLE YES** **NO** ☒

REGISTERED OWNER INFO. **DOUGLAS SANDERS 1605 OAKES AVE EVERETT WA 98201 D: 4254227709**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **TRICO INSURANCE INC PA60707340**

VEHICLE LEGALLY STANDING ☒ YES ☐ NO ☐ CITATION # CHARGE

VEHICLE NO. 2 SHADE IN DAMAGED AREA



OFFICER'S NAME (PRINT) **D. PLANALP** BADGE OR ID # **102** AGENCY **WA0311900**



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

E257478

CASE #

13-01745

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐ WITNESS ☐ UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐ WITNESS ☐ UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐ WITNESS ☐ UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

V-1 and V-2 were both westbound on SR 204 just east of Lundeen Park Way. V-2 was stopped in lane 2 for traffic at the red light signal. V-1 was westbound in lane 2 and did not stop in time and collided into the rear of V-2. No written statements were collected and no occupants requested AID. V-1 drivers nose was hurt and V-2 complained of neck pain.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

D. PLANALP

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

07-18-13 01:31 PM

DATED

PLACE SIGNED

APPROVED BY

JEFF LAMBIER 104

DATE

7/18/2013 5:26:01 PM

BADGE OR ID # 102

ORI #

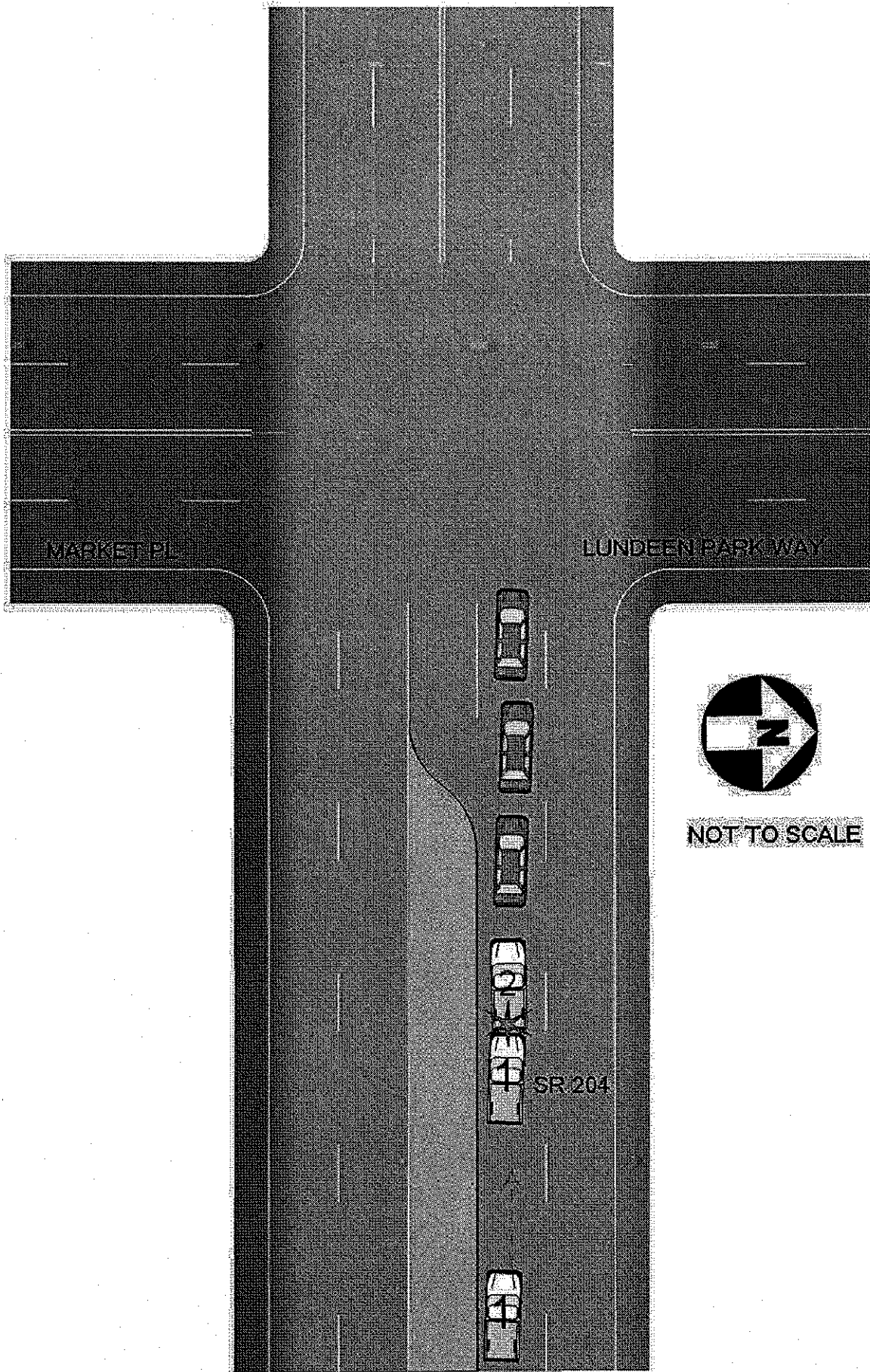
WA0311900

TIME POLICE DISPATCHED

12:53 PM

TIME POLICE ARRIVED

12:55 PM



Incident History for: #SS13016107

Case Numbers: \$SS13001745

Entered 07/18/13 12:53:04 BY SPCT01 SP0366
Dispatched 07/18/13 12:53:48 BY SPDP17 SP0213
Enroute 07/18/13 12:53:48
Onscene 07/18/13 12:55:52
Closed 07/18/13 13:18:01

Initial Type: ACC Initial Alarm Level: Final Alarm Level:

Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: A

Police BLK: SS002 Fire BLK: AG1518 Map Page: 377D-7 Group: SS1 Beat: WEST

Src: T

Loc: LUNDEEN PARK WY/SR 204 , LKS (V)

Loc Info:

Name: GIBSON, ANDI

Addr:

Phone: 4252444687

/1253 (SP0366) ENTRY , CC, NOW, NON INJ, NON BLKING, BLU FORD RANGER V
S RED FORD PU, VEH'S PULLED TO SHOULDER
/1253 (SP0213) DISPER SS1933 #SS102 PLANALP, OFFICER (DANIEL)
/1255 ONSCNE SS1933
/1259 ASNCAS SS1933 \$SS13001745
/1300 (SS102) REMINQ SS1933 MDTVEH, B28100D, , WA, , , , , , , , , ,
/1300 REMINQ SS1933 MDTWANT, GIBSON, ANDREA, L, 072195, , , WA, , , , , , , , , ,
/1300 REMINQ SS1933 MDTVEH, B21641C, , WA, , , , , , , , , ,
/1301 REMINQ SS1933 MDTWANT, SANDERS, DOUGLAS, G, 053054, , , WA, , , , , , , , , ,
/1318 (SP0213) CLEAR SS1933 D/A
/1318 CLOSE SS1933

LSPD
ORIGINAL